


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90070 035 \*\*\*150.00

<b>DOCUMENT # P93000003082</b> 1. Entity Name PRO TRANS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1605 N. WOODLAND BLVD DELAND, FL 32720			Mailing Address 1605 N. WOODLAND BLVD DELAND, FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3155790	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMUEL, PHAEDRA 4465 DAUGHARTY RD DELAND, FL 32724				7. Name and Address of New Registered Agent Name: <u>Phaedra Samuel</u> Street Address (P.O. Box Number is Not Acceptable): <u>5531 East Ave</u> City: <u>DeLeon Springs FL</u> Zip Code: <u>32130</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Phaedra Samuel</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P SAMUEL, GREGORY R 5531 EAST AVE PO BOX 207 DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S SAMUEL, PHAEDRA T 5531 EAST AVE PO BOX 207 DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u>Phaedra Samuel</u> Date: <u>1-27-06</u> 386-738-7224		